

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/05/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155503		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/26/2011	
NAME OF PROVIDER OR SUPPLIER EXCEPTIONAL LIVING CENTERS OF BRAZIL				STREET ADDRESS, CITY, STATE, ZIP CODE 501 S MURPHY AVE BRAZIL, IN47834			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00093295.</p> <p>Complaint IN00093295-Substantiated, federal/state deficiencies related to the allegations are cited at F281.</p> <p>Survey dates: July 25 & 26, 2011</p> <p>Facility number: 000514 Provider number: 155503 AIM number: 100266800</p> <p>Team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF: 99 Total: 99</p> <p>Census payor type: Medicare: 19 Medicaid: 60 Other: 20 Total: 99</p> <p>Sample: 5</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on July 28, 2011 by Bev Faulkner, RN</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0281 SS=D	<p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to ensure nursing staff provided professional standards of quality during medication pass for 3 of 4 halls reviewed for leaving medications in medication cups at bedside. [Front, Middle, and Back halls] This affected 2 of 3 residents interviewed regarding medication administration in the sample of 5. [Resident #A and #B].</p> <p>Findings include:</p> <p>1). Interview with Resident #A on 07/25/2011 at 3:10 p.m., indicated the nursing staff sometimes leaves his thyroid medication at the bedside if he is in the restroom when it is delivered. Resident #A indicated he takes the medication when he comes out of the restroom.</p> <p>Resident #A's clinical record was reviewed on 07/25/2011 at 3:45 p.m., and indicated the resident was originally admitted to the facility on 12/02/2008 and re-admitted on 10/13/2010. Resident #A's diagnoses included, but were not limited to, hypothyroidism, hypertension, ischemia, vascular dementia, anemia, venous insufficiency, and diabetes.</p>			F0281	<p>Correction and specific corrective actions are prepared and/or executed solely because provisions of Federal and/or State Laws. Exceptional Living Centers of Brazil desires this Plan of Correction to be considered the facility's allegation of Compliance. Preparation and. or execution of the Plan of Correction in general, or any corrective action set forth herein, in particular, does not constitute an admission or agreement by Exceptional Living Centers of Brazil of the facts alleged or the conclusions set forth in the statement of deficiencies. The Plan of Compliance is effective, 08/06/2011.</p> <p>F 281</p> <p>How will corrective action be accomplished for the resident's found to have been affected by the alleged deficient practice?</p> <p>- No resident was harmed by the alleged deficient practice and the corrective action put into place is listed below</p> <p>How will the facility identify other residents having the potential to be affected by the same alleged deficient practice?</p> <p>- All residents could</p>		08/06/2011

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	<p>Resident #A resided on Middle Hall.</p> <p>Resident #A's most recent annual Minimum Data Set [MDS] assessment, dated 07/18/2011, indicated the resident had some short term memory problems, but scored a "15" on his BIMS [a cognitive/mental status test]. A score of 15 indicates the resident answered all questions correctly.</p> <p>Resident #A's physician orders indicated he took levothyroxine 50 mcg [Synthroid 0.05 mg.] one tablet orally once a day at 6 a.m. for hypothyroidism.</p> <p>2). Interview with Resident #B on 07/25/2011 at 3:30 p.m., indicated she takes her nebulizer treatment first, then her medications and inhaler last. Resident #B indicated the nurse leaves the medications in a medication cup as the nurse knows she will take them and they trust her.</p> <p>Resident #B's clinical record was reviewed on 07/25/2011 at 4:10 p.m., and indicated the resident was admitted to the facility on 06/26/07 and re-admitted on 05/06/2008. Resident #B's diagnoses included, but were not limited to, chronic obstructive pulmonary disease, hypertension, anxiety, depression,</p>				<p>pottentially be afiecttd by tthe alleged deficientt practtce and tthe fiacility policy covers tthe proper procedure fior medicatton administratton. Please see attachment B</p> <p>Whatt measures will be putt into place or systemattc changes made tto ensure tthat tthe alleged deficientt practtce will nott recu?</p> <p>- All nurses will be re-educatted fior tthe proper procedure on medicatton administratton</p> <p>- All nurses will be required tto demonstratte tthe proper way tto pass medicattons, following tthe fiacility policy and procedure. Including no selfi administratton of medicatton fior any residentt withouutt proper assessmentt and documentatton of residentt competencyphysician order.</p> <p>(Please see Attachment B</p> <p>How will tthe fiacility monittor correctve actttons tto ensure tthat tthe alleged deficientt practtce will nott recur?</p> <p>- All newly hired nurses will be required tto pass a medicatton administratton demonstratton auditt during tthe orientatton period with tthe Stafi Developmentt Coordinatto/Designee.</p> <p>- Random medicatton administratton auditts will be conducttd with nurses each week rottattng tthe monittoring tto include all nurses fior each quarter B months</p>		

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	<p>osteoporosis, asthma, obsessive compulsive disorder, vertigo, coronary artery disease, status post aortic valve replacement, history of colon cancer and arrhythmia.</p> <p>Resident #B resided on the Back Hall.</p> <p>Resident #B's most recent quarterly MDS assessment indicated the resident was independent with cognitive skills for daily decision making. The resident's BIMS score was "13."</p> <p>Resident #B's physician's orders included, but were not limited to, nebulizer treatments twice a day at 9 a.m. and 9 p.m.; Advair Diskus [respiratory tract drug] inhale one puff by mouth twice a day at 9 a.m. and 9 p.m.; Zoloft [an anti-depressant] 100 mg., twice a day; Klonopin [anticonvulsant] 0.5 mg., 1/2 tab by mouth every night; Aldactone [diuretic] 25 mg., one tablet orally 3 times a week on Monday, Wednesday, and Friday; pravastatin sodium 10 mg., one tablet orally at bedtime; Plavix [anti-thrombotic/anti-coagulant] 75 mg., one tablet orally once a day; oxybutynin Cl ER (extended release) [anti-spasmodic, used for urge incontinence, urgency, and frequency from an overactive bladder] 10 mg., one tablet orally once a day; Toprol xl [anti-hypertensive] 25 mg., one tablet</p>				<p>Random medication administration audits will continue to be conducted quarterly until determination by Director of Nursing that the practice of medication administration is being followed. Medication administration audit trends will be presented to the facility Quality Assurance Committee at least quarterly.</p> <p>Date Certain 8/6/11</p>		

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	<p>orally once a day; aspirin [blood thinner] 325 mg., once a day; calcium with vitamin D [supplement] 500 mg., twice a day; Niferex [iron supplement] 150 mg., once a day; Lasix [diuretic] 40 mg., one a day; klor-con [potassium supplement] 10 meq, once a day; lisinopril [anti-hypertensive] 10 mg., once a day; magoz [magnesium supplement] 400 mg., once a day, and Tylenol [for pain or fever] 325 mg., 2 at bedtime.</p> <p>3). Interview with LPN #1 on 07/25/2011 at 4:45 p.m., with the Administrator present, admitted leaving medications in medication cups in alert and oriented resident rooms and indicated she would then go back and check and make sure the resident took the medication. LPN #1 indicated she works the Front Hall.</p> <p>The facility's Medication Administration Policy and Procedure, dated 09/05, indicated, "PURPOSE: To Administer medications according to the guidelines set forth by the State and Federal regulations. PROCEDURE: ... 33. Do not leave meds at the bedside...."</p> <p>This federal tag is related to Complaint IN00093295.</p> <p>3.1-35(g)(1)</p>						

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